

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

PIEDMONT NEWTON HOSPITAL, INC.

Employer identification number

58-2155150

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | X | |
| 1b If "Yes," was it a written policy? | X | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | X | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | X | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | X | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | X | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | X |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | |
| 6a Did the organization prepare a community benefit report during the tax year? | X | |
| b If "Yes," did the organization make it available to the public? | X | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 4,409,821. | | 4,409,821. | 4.89 |
| b Medicaid (from Worksheet 3, column a) | | | 3,591,526. | 3,852,531. | | |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 1,118,044. | 491,055. | 626,989. | .70 |
| d Total Financial Assistance and Means-Tested Government Programs | | | 9,119,391. | 4,343,586. | 5,036,810. | 5.59 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 37,228. | | 37,228. | .04 |
| f Health professions education (from Worksheet 5) | | | 944,282. | | 944,282. | 1.05 |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 5,548. | | 5,548. | .01 |
| j Total. Other Benefits | | | 987,058. | | 987,058. | 1.10 |
| k Total. Add lines 7d and 7j. | | | 10,106,449. | 4,343,586. | 6,023,868. | 6.69 |

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | X | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | |
|---|----------|-------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 13,507,296. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 12,040,084. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 1,467,212. |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|---|-----------|---|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | X | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | X | |

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
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| 12 | | | | |
| 13 | | | | |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: PIEDMONT NEWTON HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA, implementation strategy, and excise tax.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group PIEDMONT NEWTON HOSPITAL, INC.

| | | Yes | No |
|---|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | X | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input type="checkbox"/> Underinsurance status | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | X | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | X | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | X | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.PIEDMONT.ORG</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.PIEDMONT.ORG</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.PIEDMONT.ORG</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group PIEDMONT NEWTON HOSPITAL, INC.

| | | Yes | No |
|-----------|---|-----|----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | X | |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: | | X |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | |
| d | <input checked="" type="checkbox"/> Made presumptive eligibility determinations | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | Yes | No |
|------------------------|---|-----|----|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | X | |
| If "No," indicate why: | | | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group PIEDMONT NEWTON HOSPITAL, INC.

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method
- 23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?
If "Yes," explain in Section C.
- 24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| | | |
| 23 | | X |
| 24 | | X |

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, LINE 5: COMMUNITY REPRESENTATION

PIEDMONT NEWTON HOSPITAL'S ("PNTH") ORIGINAL CHNA WAS CONDUCTED DURING THE HOSPITAL'S FISCAL YEAR 2013. IN ADDITION, ONE-HOUR COMMUNITY STAKEHOLDER INTERVIEWS WERE CONDUCTED. A TOTAL OF 20 STAKEHOLDER INTERVIEWS WERE INCLUDED IN THE ASSESSMENT PROCESS. PARTICIPANTS WERE GIVEN AN OUTLINE OF HEALTH NEEDS TOPICS BUT ALSO ENCOURAGED TO IDENTIFY OTHER NEEDS WHICH MAY NOT APPEAR ON THE LIST FOR DISCUSSION. TOPICS INCLUDED: DEMOGRAPHICS, HEALTH STATUS, CHRONIC DISEASES, HEALTH BEHAVIORS, AND ACCESS TO CARE AMONG OTHERS. PARTICIPANTS IN THE HEALTH INPUT MEETINGS WERE REPRESENTATIVE OF A CROSS-SECTION OF PROVIDERS AND PUBLIC INTEREST INDIVIDUALS, SUCH AS: HOSPITAL PERSONNEL FROM EDUCATION, EMERGENCY DEPARTMENT, DIETITIAN; SCHOOL SYSTEM PERSONNEL - TEACHERS, SUPERINTENDENT, MENTAL HEALTH CLINICIAN; MENTAL HEALTH PERSONNEL - DIRECTOR OF BUSINESS DEVELOPMENT; COUNTY COMMISSION - COMMISSIONER WHO IS ALSO A RN BY TRAINING; PHYSICIANS - HOSPITALISTS, FAMILY PRACTICE.

OTHER SPECIALTY SERVICES SUCH AS DFACS, REFUGE PREGNANCY CENTER, FAITHWORKS, SENIOR SERVICES CENTER, AND THE CHAMBER OF COMMERCE WERE ALSO REPRESENTED IN THE PANEL OF PARTICIPANTS.

PIEDMONT NEWTON HOSPITAL CONDUCTED ITS SECOND CHNA DURING FISCAL YEAR 2016. STAKEHOLDERS WERE CONTINUALLY ENGAGED DURING BOTH ASSESSMENTS, WITH A PARTICULAR FOCUS ON THOSE GROUPS, ORGANIZATIONS, AND INDIVIDUALS REPRESENTING THE MOST VULNERABLE MEMBERS OF THE HOSPITAL'S COMMUNITY. SPECIFICALLY, PIEDMONT NEWTON HOSPITAL INTERVIEWED REPRESENTATIVES OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, THE FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, THE PHILANTHROPIC COMMUNITY, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND OTHER RELEVANT COMMUNITY STAKEHOLDERS. ADDITIONALLY, THE HOSPITAL CONDUCTED FOCUS GROUPS MADE UP OF LOW-INCOME AND UNINSURED PATIENTS, AS WELL AS CONSUMER AND PATIENT ADVOCATES REPRESENTING A VARIETY OF VULNERABLE PATIENTS. ALL INTERVIEWS, FOCUS GROUPS AND MEETINGS INFORMED THE CHNA PROCESSES, INCLUDING THE IDENTIFICATION OF KEY HEALTH PRIORITIES AND DEVELOPMENT OF IMPLEMENTATION PLAN STRATEGIES.

SCHEDULE H, PART V, LINE 6A: HOSPITALS INCLUDED IN CURRENT CHNA PROCESS DURING FY16, THE PIEDMONT HEALTHCARE SYSTEM CONDUCTED THE SECOND CHNA FOR SIX OF ITS TAX-EXEMPT HOSPITALS. EACH INDIVIDUAL HOSPITAL'S COMMUNITY WAS ASSESSED AND PRIORITY NEEDS WERE IDENTIFIED BASED ON THE SIX COMMUNITIES' DISCREET CHARACTERISTICS. THE RESULTS OF THE ASSESSMENTS WERE COMPILED AND PUBLISHED IN A SINGLE CHNA REPORT. THE HOSPITALS INCLUDED IN THE PROCESS WERE PIEDMONT HOSPITAL (EIN: 58-1503902); PIEDMONT FAYETTE HOSPITAL (EIN: 58-2322328); PIEDMONT HENRY HOSPITAL (EIN: 58-2200195); PIEDMONT MOUNTAINSIDE HOSPITAL (EIN: 35-2228583); PIEDMONT NEWMAN HOSPITAL (EIN: 20-5077249); AND PIEDMONT NEWTON HOSPITAL (EIN: 58-2155150).

SCHEDULE H, PART V, LINE 7D: PUBLIC AVAILABILITY OF CHNA IN ADDITION TO MAKING ITS CHNA AVAILABLE ON ITS WEBSITE AND BY REQUEST, PIEDMONT NEWTON HOSPITAL SENT COPIES TO EACH PARTICIPANT IN THE CHNA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROCESS, DISTRIBUTED THE ASSESSMENTS TO COMMUNITY CENTERS AND OTHER LOCATIONS THAT PRIMARILY SERVE AN UNINSURED POPULATION, SENT COPIES TO LEGISLATIVE AND ELECTED OFFICIALS, AND WIDELY DISTRIBUTED THE ASSESSMENTS TO OTHER PIEDMONT HEALTHCARE HOSPITALS.

SCHEDULE H, PART V, LINE 11: ADDRESSING COMMUNITY HEALTH NEEDS IN 2013 PNTH PARTNERED WITH THE NEWTON COUNTY COMMUNITY PARTNERSHIP (NCCP) AND HEALTHY NEWTON TO CHANGE THE APPROACH FROM A MULTIPLE AND A PARALLEL EFFORT TO A COORDINATED AN COLLABORATIVE PROCESS WITH A UNITED GOAL OF FULLY IMPLEMENTING THE NEWTON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN. THE PLAN WAS FINALIZED FEBRUARY 2014 AND IS POSTED ON THE GWINNETT, NEWTON, ROCKDALE HEALTH DEPARTMENT SITE (WWW.GNRHEALTH.COM) AND ON THE NCCP SITE (WWW.NEWTONPARTNERSHIP.ORG).

THE CORE LEADERSHIP TEAM WAS IDENTIFIED IN FEBRUARY, 2014, TO COORDINATE THE IMPLEMENTATION OF WORKABLE INITIATIVES AND ACTIVITIES. THE TEAM MEETS MONTHLY ON THE 2ND TUESDAY OF EACH MONTH.

THE CORE LEADERSHIP TEAM CONSISTS OF : NCCP, GNR HEALTH DEPARTMENT, NMC, NEWTON COUTNY SCHOOLS, VIEW POINT HEALTH (MENTAL HEALTH) AND HEARTS FOR FAMILIES.

TEAM IDENTIFIED 5 PRIORITY TOPICS FROM TOP 9 IDENTIFIED IN NMC COMMUNITY ASSESSMENT:

1. ACCESS TO CARE (NMC LEAD)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

2. ACCESS TO MENTAL HEALTH SERVICES (VPH LEAD)
3. OBESITY & DIABETES WITH A FOCUS ON HEALTHY BODY WEIGHT FOR CHILDREN (NCCP AND PUBLIC HEALTH LEAD)
4. TOBACCO USE PREVENTION (PUBLIC HEALTH AND NCCP)
5. TEEN LIFESTYLE ISSUES (NCCP LEAD)

DURING FY16, PIEDMONT NEWTON HOSPITAL CONDUCTED ITS SECOND CHNA, BY ASSESSING PUBLICLY AVAILABLE DATA, INTERVIEWING COMMUNITY MEMBERS AND STAKEHOLDERS, CONDUCTING FOCUS GROUPS OF VULNERABLE POPULATIONS, INTERVIEWING PIEDMONT BOARD MEMBERS, AND SURVEYING PIEDMONT EMPLOYEES. THROUGH THIS PROCESS, PIEDMONT NEWTON HOSPITAL DETERMINED AND PRIORITIZED THE COMMUNITY HEALTH NEEDS IT WOULD ADDRESS BASED ON THE NUMBER OF PERSONS AFFECTED, THE SERIOUSNESS OF THE ISSUE, WHETHER THE HEALTH NEED AFFECTED VULNERABLE POPULATIONS, AND THE AVAILABILITY OF COMMUNITY AND HOSPITAL RESOURCES NECESSARY TO ADDRESS THE ISSUE. BASED ON THE CHNA, PIEDMONT NEWTON HOSPITAL IS CURRENTLY FOCUSING ON: (1) MAINTAINING AND INCREASING ACCESS TO AFFORDABLE CARE FOR LOW- AND NO-INCOME PATIENTS, INCLUDING INCREASED EFFORTS AT ELIMINATING HEALTH DISPARITIES; (2) INCREASING ACCESS TO AND AWARENESS OF CANCER-RELATED PROGRAMMING, INCLUDING LOW-COST MAMMOGRAMS, TO QUALIFYING WOMEN THROUGH PARTNERSHIP PROGRAMS; (3) REDUCING PREVENTABLE READMISSIONS AND EMERGENCY DEPARTMENT RE-ENCOUNTERS, PARTICULARLY AMONG HIGH-RISK PATIENTS, WITH A FOCUS ON CHRONIC DISEASE MANAGEMENT; (4) MAINTAINING AND GROWING EFFORTS AROUND SENIOR HEALTH; AND (5) REDUCING PREVENTABLE INSTANCES OF HEART DISEASE, HYPERTENSION, AND STROKE THROUGH EDUCATIONAL AWARENESS AND PROMOTION OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTHY BEHAVIORS, INCLUDING EFFORTS TO REDUCE TOBACCO USE. PIEDMONT
NEWTON HOSPITAL DEVELOPED THE IMPLEMENTATION STRATEGY TO ADDRESS THESE
PRIORITY NEEDS DURING FY17.

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 1 NEWTON MEDICAL CENTER HOME HEALTH 5126 HOSPITAL DRIVE COVINGTON GA 30209 | HOME HEALTH AGENCY |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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SCHEDULE H, PART VI, LINE 1: REQUIRED DESCRIPTIONS

PUBLIC AVAILABILITY OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART I, LINE 6A

A REPORT ON PIEDMONT NEWTON HOSPITAL, INC.'S ("PNTH") COMMUNITY BENEFITS IS FOUND WITHIN PIEDMONT HEALTHCARE, INC.'S (PIEDMONT NEWTON HOSPITAL'S SOLE MEMBER) ANNUAL REPORT, WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC BOTH THROUGH PRINTED COPIES MADE AVAILABLE TO COMMUNITY MEMBERS UPON REQUEST AND THROUGH PUBLICATION ON THE PIEDMONT HEALTHCARE WEBSITE. ADDITIONALLY, THE REPORT WAS MAILED TO PNTH AND PIEDMONT HEALTHCARE BOARD MEMBERS, STATE AND LOCAL ELECTED OFFICIALS, AND OTHER KEY STAKEHOLDERS.

PERCENT OF TOTAL EXPENSE

SCHEDULE H, PART I, LINE 7(F)

THE DENOMINATOR USED FOR THE CALCULATION OF COLUMN (F), PERCENT OF TOTAL EXPENSE, WAS THE AMOUNT OF TOTAL FUNCTIONAL EXPENSES ON FORM 990, PART

Part VI Supplemental Information

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IX, LINE 25, COLUMN (A) OF \$113,702,516, LESS BAD DEBT EXPENSE OF
\$23,599,575 FROM FORM 990, PART IX, LINE 24(A).

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST
SCHEDULE H, PART I, LINE 7

A RATIO OF PATIENT CARE COST TO CHARGES, CONSISTENT WITH WORKSHEET 2, WAS
USED TO REPORT THE AMOUNTS IN PART I, LINES 7A-7D. FOR AMOUNTS ON LINES
7E-7K, ACTUAL EXPENSES FOR EACH COMMUNITY BENEFIT ACTIVITY ARE TRACED AND
REPORTED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM.

BAD DEBT EXPENSE CALCULATION AND FOOTNOTE
SCHEDULE H, PART III, LINES 2-4

BASED ON PRIOR EXPERIENCE AND CERTAIN DEMOGRAPHICS AND OTHER INFORMATION
OBTAINED DURING ADMISSION, THE ORGANIZATION BELIEVES A PORTION OF THE BAD

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DEBT EXPENSES AT COST IS ATTRIBUTABLE TO PATIENTS THAT WOULD OTHERWISE QUALIFY FOR CHARITY CARE. DESPITE ITS BEST EFFORTS TO EDUCATE PATIENTS ABOUT QUALIFYING FOR ITS CHARITY CARE PROGRAM (AS DISCUSSED IN PART IV, QUESTION 3 BELOW), MANY UNINSURED PATIENTS DO NOT COMPLETE A CHARITY CARE APPLICATION OR PROVIDE SUFFICIENT INFORMATION AT THE TIME OF ADMISSION, DURING THEIR STAY, OR AFTER BEING DISCHARGED TO QUALIFY FOR ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

THE AMOUNT REPORTED ON PART III, LINE 3, WAS DETERMINED BY TAKING THE AVERAGE ACCEPTANCE RATE FOR ALL CHARITY CARE APPLICATIONS RECEIVED DURING THE YEAR MULTIPLIED BY THE NUMBER OF DENIALS THAT WERE ATTRIBUTABLE TO INSUFFICIENT INFORMATION. THAT TOTAL WAS THEN ADJUSTED DOWNWARD FOR THE ORGANIZATION'S USE OF PRESUMPTIVE ELIGIBILITY WHEN DETERMINING ITS COMMUNITY BENEFITS.

BAD DEBT EXPENSE FOOTNOTE FROM CONSOLIDATED, AUDITED FINANCIAL STATEMENTS:

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF

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HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYER CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. PHC'S PRESENTATION OF THE PROVISION FOR BAD DEBT AT THE REPORTING ENTITY LEVEL IS BASED ON AN ENTITY-WIDE ASSESSMENT OF SIGNIFICANCE.

PNTH PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9(B)

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INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS, AS WELL AS MOST OUTPATIENT VISITS, ARE CONDUCTED BY FINANCIAL COUNSELORS IN ORDER TO IDENTIFY ANY AVAILABLE INSURANCE OR OTHER COVERAGE FOR EACH PATIENT. COUNSELORS CONTACT PATIENTS AND THEIR FAMILIES DIRECTLY, EITHER IN PERSON OR BY LETTER, TO ASSIST THE FAMILY IN IDENTIFYING ANY PROGRAMS FOR WHICH THE PATIENT/SERVICE MAY QUALIFY (INCLUDING MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM ("SCHIP"), PRIVATE OR GOVERNMENT INSURANCE COVERAGE, AND CHARITY ASSISTANCE). IF THE FAMILY CANNOT BE TIMELY LOCATED OR IS UNCOOPERATIVE, RELATED ACCOUNTS ARE TRANSFERRED TO AN INTERNAL COLLECTION DEPARTMENT FOR FURTHER ATTEMPTS TO OBTAIN PAYMENT OR, IF THE PATIENT MAY QUALIFY FOR ASSISTANCE, TO SECURE A FINANCIAL ASSISTANCE APPLICATION.

THE ORGANIZATION'S DEBT COLLECTION POLICY AND PROCEDURES PROHIBIT ANY COLLECTION EFFORTS FOR THE PORTION OF A PATIENT ACCOUNT BALANCE THAT QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

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SCHEDULE H, PART VI, LINE 2: NEEDS ASSESSMENT

DURING FISCAL YEAR 2016, PIEDMONT NEWTON HOSPITAL CONDUCTED AND RATIFIED ITS SECOND FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT. THE ASSESSMENT BEGAN WITH A REVIEW OF PUBLICLY AVAILABLE HEALTH AND SOCIOECONOMIC DATA THAT WAS THEN COMPILED AND ANALYZED IN COOPERATION WITH GEORGIA STATE UNIVERSITY'S GEORGIA HEALTH POLICY CENTER (GHPC). DATA WAS GATHERED FOR THE ENTIRE PIEDMONT HEALTHCARE SERVICE REGION, WHICH WAS DETERMINED TO COVER APPROXIMATELY 20 COUNTIES. THE OVERALL HEALTH NEEDS ASSESSMENT EFFORT WAS LED BY THE PIEDMONT HEALTHCARE COMMUNITY BENEFITS TEAM WITH ASSISTANCE PROVIDED THROUGHOUT BY THE GHPC. STAKEHOLDERS WERE CONTINUALLY ENGAGED DURING THIS PROCESS, WITH A PARTICULAR FOCUS ON THOSE GROUPS, ORGANIZATIONS, AND INDIVIDUALS REPRESENTING THE MOST VULNERABLE MEMBERS OF THE HOSPITAL'S COMMUNITY. SPECIFICALLY, PIEDMONT FAYETTE HOSPITAL INTERVIEWED REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, THE FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, THE PHILANTHROPIC COMMUNITY, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND OTHER RELEVANT COMMUNITY STAKEHOLDERS. FURTHER, THE PIEDMONT HEALTHCARE BOARD OF DIRECTORS AND EXECUTIVE LEADERSHIP FROM EACH OF THE

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HOSPITALS IN THE PIEDMONT HEALTHCARE SYSTEM WERE ACTIVELY INFORMED AND ENGAGED THROUGHOUT THE ASSESSMENT.

PIEDMONT NEWTON HOSPITAL ALSO CONDUCTED TWO FOCUS GROUPS MADE UP OF LOW-INCOME AND UNINSURED PATIENTS. THESE FOCUS GROUPS PROVIDED THE HOSPITAL WITH INPUT ON THE EFFECTIVENESS OF ITS COMMUNITY BENEFIT EFFORTS TO DATE AND SUGGESTED FOCUS AREAS AND OPPORTUNITIES FOR IMPROVEMENT. IN ADDITION, AN INTERNAL SURVEY WAS CONDUCTED THROUGHOUT THE HEALTHCARE SYSTEM FOR BOTH CLINICAL AND NON-CLINICAL EMPLOYEES. INFORMATION WAS GATHERED ON THE EMPLOYEES' KNOWLEDGE AND UNDERSTANDING OF COMMUNITY BENEFIT AND PIEDMONT HEALTHCARE'S CURRENT PROGRAMS, AS WELL AS SUGGESTIONS FOR HOW THE SYSTEM CAN BETTER SERVE ITS PATIENTS AND COMMUNITIES. APPROXIMATELY 775 EMPLOYEES FROM ACROSS THE PIEDMONT HEALTHCARE SYSTEM RESPONDED TO THE SURVEY.

THE PIEDMONT NEWTON HOSPITAL BOARD OF DIRECTORS APPROVED ITS CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT IN JUNE, 2016. A FORMAL IMPLEMENTATION STRATEGY WAS COMPLETED FOR EACH PIEDMONT HEALTHCARE HOSPITAL FACILITY,

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INCLUDING PIEDMONT NEWTON HOSPITAL, DURING FY17. THE IMPLEMENTATION POLICY WAS DEVELOPED IN PARTNERSHIP WITH HOSPITAL LEADERSHIP AND COMMUNITY STAKEHOLDERS TO ADDRESS THE IDENTIFIED PRIORITIES LISTED IN THE 2016 CHNA. THE IMPLEMENTATION STRATEGY WILL BE EXECUTED OVER THE NEXT THREE FISCAL YEARS. IT UTILIZES COMMUNITY FEEDBACK FROM THE CHNA AND THE ASSISTANCE OF THE PIEDMONT HEALTHCARE SYSTEM'S COMMUNITY BENEFITS DEPARTMENT, PIEDMONT NEWTON HOSPITAL EXECUTIVE LEADERSHIP, AND THE ORGANIZATION'S BOARD OF DIRECTORS.

PRIORITIES ADDRESSED IN THE IMPLEMENTATION STRATEGY INCLUDE INCREASING ACCESS TO HEALTHCARE SERVICES FOR LOW- AND NO-INCOME PATIENTS; REDUCING PREVENTABLE RE-ADMISSIONS AND EMERGENCY DEPARTMENT RE-ENCOUNTERS; INCREASING ACCESS TO AND AWARENESS OF BREAST CANCER PROGRAMMING; REDUCING PREVENTABLE INSTANCES OF HEART DISEASE, STROKE, OBESITY AND OBESITY-RELATED DISEASES; AND GROWING EFFORTS AROUND SENIOR HEALTH. PRIORITIES WERE CHOSEN BASED ON THE NUMBER OF PERSONS AFFECTED, THE SERIOUSNESS OF THE ISSUE, WHETHER THE HEALTH NEED AFFECTED VULNERABLE POPULATIONS, AND AVAILABILITY OF COMMUNITY AND HOSPITAL RESOURCES TO

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ADDRESS THE NEED. THE PIEDMONT NEWTON HOSPITAL BOARD OF DIRECTORS

APPROVED THE IMPLEMENTATION STRATEGY TO ADDRESS IDENTIFIED HEALTH ISSUES

ON SEPTEMBER 23, 2016.

SCHEDULE H, PART VI, LINE 3: PATIENT EDUCATION OF ASSISTANCE ELIGIBILITY
PIEDMONT HEALTHCARE UNDERSTANDS THAT NOT EVERYONE WILL HAVE THE ABILITY
TO PAY THEIR HOSPITAL BILL DUE TO THEIR INSURANCE STATUS OR A LIMITED
INCOME, AND BECAUSE OF THIS, PIEDMONT NEWTON HOSPITAL OFFERS FINANCIAL
ASSISTANCE TO QUALIFYING PATIENTS. INFORMATION ABOUT AND CONTACT NUMBERS
FOR FINANCIAL ASSISTANCE ARE PROVIDED IN NOTICES INSERTED IN PATIENT
BILLS AND POSTED IN EMERGENCY ROOMS, IN THE CONDITIONS OF ADMISSION FORM,
AT ADMITTING AND REGISTRATION DEPARTMENTS, AT HOSPITAL BUSINESS OFFICES,
AT PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY
CAMPUSES, AND AT OTHER PUBLIC PLACES THE HOSPITAL MAY ELECT, INCLUDING
LOCAL LOW-COST CLINICS PRIMARILY TREATING UNINSURED POPULATIONS. PIEDMONT
NEWTON HOSPITAL ALSO PUBLISHES AND WIDELY PUBLICIZES A SUMMARY OF THIS
FINANCIAL ASSISTANCE CARE POLICY ON ITS FACILITY WEBSITE, WHICH INCLUDES
A LINK TO THE FULL POLICY AND APPLICATION. REFERRAL OF PATIENTS FOR

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FINANCIAL ASSISTANCE MAY BE MADE BY ANY STAFF OR MEDICAL STAFF MEMBER AT THE HOSPITAL, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS. A REQUEST FOR FINANCIAL ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS.

IN FY16, PIEDMONT HEALTHCARE WORKED TO IMPROVE ITS EXISTING FINANCIAL ASSISTANCE POLICY TO COVER MORE OF ITS PATIENT POPULATION AND IMPLEMENTED THE NEW POLICY DURING FY17.

SCHEDULE H, PART VI, LINE 4: COMMUNITY INFORMATION

PIEDMONT NEWTON HOSPITAL IS LOCATED IN COVINGTON, GEORGIA. IN 2017, OVER 105,473 PEOPLE LIVED IN NEWTON COUNTY. ABOUT ONE IN FIVE ADULTS IN NEWTON COUNTY IS UNINSURED AND EIGHT PERCENT OF CHILDREN ARE UNINSURED. MORE THAN 69 PERCENT OF THE CHILDREN IN NEWTON COUNTY QUALIFY FOR FREE LUNCH. UNEMPLOYMENT IN THE COUNTY IS AT 6.6 PERCENT, WHICH IS SLIGHTLY HIGHER THAN GEORGIA'S PERCENTAGE OF 5.9. IN 2017, APPROXIMATELY 81 PERCENT OF

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THE COUNTY'S HIGH SCHOOL STUDENTS ARE ON TRACK TO GRADUATE WITHIN FOUR YEARS.

THERE IS ONE PRIMARY CARE PHYSICIAN IN NEWTON COUNTY FOR EVERY 2,880 RESIDENTS OF THE COUNTY, COMPARED TO ONE PRIMARY CARE PHYSICIAN FOR EVERY 1,530 RESIDENTS OF THE STATE. APPROXIMATELY 18 PERCENT OF ADULTS REPORTED THEY WERE IN POOR OR FAIR HEALTH, A FIGURE IN LINE WITH THE GEORGIA AVERAGE OF 17 PERCENT. MORE THAN 10 PERCENT OF ADULT RESIDENTS OF NEWTON COUNTY HAVE BEEN DIAGNOSED WITH DIABETES. IN 2017, NEARLY ONE IN THREE ADULT COUNTY RESIDENTS ARE NOTABLY PHYSICALLY INACTIVE, AND MORE THAN ONE IN THREE ARE CONSIDERED OBESE.

SCHEDULE H, PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH
 PIEDMONT NEWTON HOSPITAL ACTIVELY PROMOTES THE HEALTH OF ITS COMMUNITY THROUGH COMMUNITY-BASED HEALTH SCREENINGS; EDUCATIONAL ACTIVITIES; THE OPERATION OF A 24-HOUR EMERGENCY DEPARTMENT AVAILABLE TO THE ENTIRE COMMUNITY; THE OPERATION OF AN EMERGENCY ROOM OPEN TO ALL MEMBERS OF THE COMMUNITY WITHOUT REGARD TO ABILITY TO PAY; A GOVERNANCE BOARD COMPRISED

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OF COMMUNITY MEMBERS; USE OF SURPLUS REVENUE FOR FACILITIES IMPROVEMENT, PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH; THE PROVISION OF INPATIENT HOSPITAL CARE FOR ALL PERSONS IN THE COMMUNITY ABLE TO PAY, INCLUDING THOSE COVERED BY MEDICARE AND MEDICAID; AND AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFYING PHYSICIANS.

IN FISCAL YEAR 2017, PIEDMONT NEWTON HOSPITAL OFFERED VARIOUS PROACTIVE COMMUNITY BENEFIT PROGRAMS. SOME OF THESE PROGRAMS INCLUDED: LAUNCHING THE PIEDMONT COMMUNITY BENEFIT GRANTS PROGRAM WHICH OFFERS GRANT OPPORTUNITIES TO LOCAL NONPROFIT ORGANIZATIONS THAT PROVIDE SPECIFIC TO HEALTH-RELATED SERVICES AND PROGRAMS THAT ADDRESS THE UNMET HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY; PROVIDING SERVICES THROUGH THE WOMEN'S DIAGNOSTIC CENTER, INCLUDING NAVIGATION SERVICES, SUPPORT GROUPS, THE HOPE BOUTIQUE, EDUCATIONAL PROGRAMMING, AND BREAST CANCER AWARENESS AND PREVENTION EVENTS; AND COMPOSING A LOW-INCOME COMMUNITY RESOURCE GUIDE TO BE DISTRIBUTED IN BOTH ENGLISH AND SPANISH TO HOSPITALS, PATIENTS, AND

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- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THROUGHOUT THE COMMUNITY.

SCHEDULE H, PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM

THE ORGANIZATION IS PART OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM

("SYSTEM") SERVING THE HEALTHCARE NEEDS OF NORTH GEORGIA AND

SPECIFICALLY, THE METROPOLITAN ATLANTA AREA. THE SYSTEM EXISTS TO PROVIDE

PROGRESSIVE HEALTHCARE MARKED BY COMPASSION AND SUSTAINABLE EXCELLENCE TO

ALL MEMBERS OF ITS COMMUNITY. COMMUNITY BENEFITS ARE GENERATED THROUGH

THE PROVISION OF CHARITY CARE, GOVERNMENT-SPONSORED PROGRAMS (SUCH AS

MEDICAID AND MEDICARE), MEDICAL RESEARCH, MEDICAL EDUCATION, COMMUNITY

HEALTH IMPROVEMENT SERVICES, DONATIONS TO OTHER NONPROFIT HEALTH CARE

PROVIDERS, AND MANY OTHER COMMUNITY SERVICE ACTIVITIES.

IN FISCAL YEAR 2017, THE PIEDMONT HEALTHCARE SYSTEM INCLUDED SEVEN

FULL-SERVICE HOSPITALS, TWO PHILANTHROPIC FOUNDATIONS, A CARDIOVASCULAR

RESEARCH INSTITUTE, A PHYSICIAN NETWORK, AMBULATORY SURGERY CENTERS, AND

OTHER HEALTH CARE PROVIDERS, ALL OF WHICH FALL UNDER THE COMMON CONTROL

OF PIEDMONT HEALTHCARE, INC., PIEDMONT FAYETTE HOSPITAL'S SOLE MEMBER.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE SYSTEM'S SEVEN HOSPITALS ARE PIEDMONT HOSPITAL, A 643-BED ACUTE TERTIARY CARE FACILITY IN ATLANTA; PIEDMONT FAYETTE HOSPITAL, A 221-BED, ACUTE-CARE COMMUNITY HOSPITAL IN FAYETTEVILLE; PIEDMONT MOUNTAINSIDE HOSPITAL, A 52-BED COMMUNITY HOSPITAL IN JASPER; PIEDMONT NEWNAN HOSPITAL, A 136-BED, ACUTE-CARE COMMUNITY HOSPITAL IN NEWNAN; PIEDMONT HENRY HOSPITAL, A 215-BED ACUTE-CARE COMMUNITY HOSPITAL IN STOCKBRIDGE; PIEDMONT NEWTON HOSPITAL, A 97-BED ACUTE-CARE COMMUNITY HOSPITAL IN COVINGTON; AND PIEDMONT ATHENS REGIONAL MEDICAL CENTER, A 360-BED ACUTE-CARE HOSPITAL AND REGIONAL REFERRAL CENTER. AS PART OF THE PIEDMONT HEALTHCARE SYSTEM, CERTAIN AFFILIATES MAKE GRANTS AND/OR CONTRIBUTIONS TO OTHER RELATED NONPROFIT AFFILIATES TO HELP FINANCIALLY SUPPORT AND/OR FUND WORTHY COMMUNITY BENEFITS ACTIVITIES.

SCHEDULE H, PART VI, LINE 7: STATE OF FILING OF COMMUNITY BENEFIT REPORT
 PIEDMONT NEWTON HOSPITAL IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT; HOWEVER THE HOSPITAL IS REQUIRED TO FILE WITH THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH INFORMATION ON ITS INDIGENT AND CHARITY CARE, AS WELL AS ITS MEDICAID AND MEDICARE SHORTFALLS.